

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

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OMB APPROVAL
OMB Number: 323

OMB Number: 3235-0076 Expires:

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| CHITORNI EIMITED OFFERING EXEM | |
|---|---|
| Name of Offering (check if this is an amendment and name has changed, and indicate change.) | |
| DOUGLAS LAKE MINERALS INC. Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment |) ULOE |
| A. BASIC IDENTIFICATION DATA | |
| 1. Enter the information requested about the issuer | |
| Name of Issuer (check if this is an amendment and name has changed, and indicate change.) | 05070438 |
| DOUGLAS LAKE MINERALS INC. | 00010400 |
| Address of Executive Offices (Number and Street, City, State, Zip Code) | Telephone Number (Including Area Code) |
| Suite 520-470 Granville Street, Vancouver, BC V6C 1V5 | 604-780-7659 |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) | Telephone Number (Including Area Code) |
| Brief Description of Business | W DOGGEOGE |
| Exploration of mineral properties | V PROCESSED |
| business trust limited partnership, to be formed | please specify): NOV 0 8 2005 |
| Actual or Estimated Date of Incorporation or Organization: O 1 | Saudary J. 2004 |
| GENERAL INSTRUCTIONS | |
| Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D 77d(6). | or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. |
| When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given be which it is due, on the date it was mailed by United States registered or certified mail to that address. | |
| Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20 | 9549. |
| Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manual photocopies of the manually signed copy or hear typed or printed signatures. | ly signed. Any copies not manually signed must be |
| Information Required: A new filing must contain all information requested. Amendments need only reportereto, the information requested in Part C, and any material changes from the information previously support be filed with the SEC. | |
| Filing Fee: There is no federal filing fee. | |
| State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for subject that have adopted this form. Issuers relying on ULOE must file a separate notice with the are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law, this notice and must be completed. | Securities Administrator in each state where sales or the exemption, a fee in the proper amount shall |
| ATTENTION | |

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the

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filing of a federal notice.

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| 2. En | ter the information r | | | - | | | | | | |
| • | | | | as been organized w | | | | | | |
| • | | | | · | | · | | | | s of equity securities of the issuer. |
| • | | | | 4 | corpo | rate general and man | aging | partners of | partne | ership issuers: and |
| • | Each general and | managing partner o | f part | nership issuers. | | | | | | |
| Check E | Box(es) that Apply: | Promoter | | Beneficial Owner | Z | Executive Officer | Z | Director | | General and/or Managing Partner |
| Full Nar | me (Last name first, | if individual) | | | | | | | | |
| | Laurence Stepl | henson | | | | | | | | |
| Business | s or Residence Addre Suite 520-470 G | | | t, City, State, Zip Co puver, BC V6C 1\ | | | | | - | |
| Check B | Box(es) that Apply: | Promoter | | Beneficial Owner | Z | Executive Officer | Z | Director | | General and/or Managing Partner |
| Full Nar | me (Last name first. | if individual) | | | •••• | | | | | |
| | Steven Johnson | ı | | | | | | | | |
| Business | s or Residence Addre | | | t, City, State, Zip Co | | | | | | |
| | | Granville Street, \ | /anco | ouver, BC V6C 1\ | /5 | | | | | |
| Check B | Box(es) that Apply: | Promoter | | Beneficial Owner | Z | Executive Officer | | Director | | General and/or Managing Partner |
| Full Nar | me (Last name first, Gurpreet (Gus) | , | | | | | | | | |
| Business | s or Residence Addre | ss (Number and | Street | , City, State, Zip Co | de) | | | | | |
| | Suite 520-470 | Granville Street, | Vano | couver, BC V6C 1 | V5 | | | | | |
| Check B | Box(es) that Apply: | Promoter | Z | Beneficial Owner | | Executive Officer | | Director | | General and/or Managing Partner |
| Full Nar | ne (Last name first, | if individual) | | | | | | | | |
| | Atmajit Aujla | | | | | | | | | |
| Business | s or Residence Addre 3832 154A St., | Surrey, BC V3 | | | de) | | | | | |
| Check B | Box(es) that Apply: | Promoter | | Beneficial Owner | | Executive Officer | | Director | | General and/or Managing Partner |
| Full Nar | me (Last name first, | if individual) | | | | | | | | |
| Business | s or Residence Addre | ess (Number and | Stree | t, City, State, Zip Co | de) | | | | | |
| Check B | Box(es) that Apply: | Promoter | | Beneficial Owner | | Executive Officer | | Director | | General and/or Managing Partner |
| Full Nar | me (Last name first. | if individual) | | | | | | *************************************** | | |
| Business | s or Residence Addre | ess (Number and | Stree | t, City, State, Zip Co | de) | | | | | - |
| Check B | Box(es) that Apply: | Promoter | | Beneficial Owner | | Executive Officer | | Director | | General and/or Managing Partner |
| Full Nar | me (Last name first. | if individual) | | | | | | | | |
| Business | s or Residence Addre | ess (Number and | Stree | t, City, State, Zip Co | de) | | | | | |

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| I. Has the | issuer sol | d, or docs t | he issuer i | ntend to se | ll to non-s | ocredited i | nvestors is | this offer | ina? | | Yes | No |
| | 133401 301 | a, or does t | | | 1 Appendix | | | | _ | | <u>L</u> | K |
| 2. What is | s the minin | num investr | | | | | _ | | | ************** | s_N. | Α |
| 2 - Daniel | CC : | | | | | | | | | | Yes | No |
| | | permit join tion reques | | | | | | | | | | |
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| Full Name (| Last name | first, if ind | , | I.A. | | | | | | | | |
| Business or | Residence | Address (N | | | ity. State, 2 | Zip Code) | | | | | | |
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| vaine of As | sociated B | roker or De | атег | | | | | | | | | |
| States in W | hich Person | n Listed Ha | Solicited | or Intends | to Solicit | Purchasers | . ,, | | | | | |
| (Check | "All State | s" or check | individual | States) | | | *************************************** | | | | □ ∆I | States |
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| TL NOT | IN | IA | KS | KY | LA | ME | MD | MA | MI | MN | MS | MO |
| MT RI | NE SC | NV SD | NH) | NJ TX | NM UT | NY VT | NC VA | ND WA | OH) | OK) | OR WY | PA PR |
| Full Name (| Last name | first, if ind | ividual) | | | | | | | | | |
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| Business of | r Residence | e Address (1 | Number an | d Street, C | City, State, | Zip Code) | | | | | | |
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| Business of | Residence | e Address (1 | Number an | d Street, C | City, State, | Zip Code) | | | | | | |
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| | | n Listed Ha s" or check | | | | | | | | | AI | l States |
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| AL IL | IN | [AZ] | KS KS | CA KY | LA | ME | MD | MA | MI | MN | MS | MO |
| MT | NE | NV | NH | NJ | NM | NY | NC | ND | OH | OK | OR | PA |
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(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS.

| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. | | |
|----|--|--------------------------|----------------------------|
| | Type of Security | Aggregate Offering Price | Amount Aiready Sold |
| | Deht | \$ | s |
| | Equity | \$_58,399.80 | \$_58,399.80 |
| | | | |
| | Convertible Securities (including warrants) | \$ | \$ |
| | Partnership Interests | \$ | |
| | Other (Specify) | \$ | |
| | Total | | \$ 58,399.80 |
| | Answer also in Appendix, Column 3, if filing under ULOE. | | |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | Number | Aggregate Dollar Amount |
| | | Investors | of Purchases |
| | Accredited Investors | | \$ 58,399.80 |
| | Non-accredited Investors | | \$ |
| | Total (for filings under Rule 504 only) | | \$_0.00 |
| | Answer also in Appendix, Column 4, if filing under ULOE. | | |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1. | | |
| | Type of Offering | Type of Security | Dollar Amount Sold |
| | Rule 505 | | \$ |
| | Regulation A | | \$ |
| | Rule 504 | | \$ |
| | Total | | \$_0.00 |
| 4 | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | | |
| | Transfer Agent's Fees | | \$ 3,900.00 |
| | Printing and Engraving Costs | Z | § 250.00 |
| | Legal Fees | | \$_3,500.00 |
| | Accounting Fees | | |
| | Engineering Fees | | \$_0.00 |
| | Sales Commissions (specify finders' fees separately) | | \$ 0.00 |
| | Other Expenses (identify) | _ | \$ 0.00 |
| | Total | | \$ 7,650.00 |

| | 1 79 / 1 1/00 | | | |
|------------|--|--|--|-----------------------|
| | and total expenses furnished in response to Part C- | fering price given in response to Part C — Question 1 — Question 4.a. This difference is the "adjusted gross | | 50,749.80 |
| ; <u>.</u> | each of the purposes shown. If the amount for | proceed to the issuer used or proposed to be used for any purpose is not known, furnish an estimate and of the payments listed must equal the adjusted gross art C — Question 4.b above. | | |
| | | | Payments to Officers, Directors. & Affiliates | Payments to Others |
| | Salaries and fees | |] \$ | \$ |
| | | | _ | - ' |
| | Purchase, rental or leasing and installation of m | achinery | 7.\$ | □\$ |
| | | acilities | _ | |
| | Acquisition of other businesses (including the voffering that may be used in exchange for the as | alue of securities involved in this | - | |
| | | | | _ |
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| | | | | |
| | | |] \$ | <u> </u> |
| | Column Totals | | \$ 0.00 | \$ 58,399.80 |
| | | | | 3,399.80 |
| | | D. FEDERAL SIGNATURE | | |
| igr | nature constitutes an undertaking by the issuer to t | he undersigned duly authorized person. If this notice urnish to the U.S. Securities and Exchange Commiss coredited investor pursuant to paragraph (b)(2) of R | sion, upon writte | |
| ssi | ner (Print or Type) | Signature | Pate 25 | |
| oc | DUGLAS LAKE MINERALS INC. | | October 📆, 200 | 5 |
| lar | ne of Signer (Print or Type) | Title of Signer (Print or Type) | | |

- ATTENTION ----

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

| | E. STATE SIGNATURE |
|----------|---|
| 1. | Is any party described in 17 CFR 230.262 presently subject to any of the disqualification Per No provisions of such rule? |
| | See Appendix, Column 5, for state response. |
| 2. | The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law. |
| 3. | The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees. |
| 4. | The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied. |
| | ter has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned thorized person. |
| Issuer (| Print or Type) Signay (1) Date 25 |
| DOUGL | AS LAKE MINERALS INC. Stgnature October 17, 2005 |
| Name (| Print or Type) |
| Lauren | ce Stephenson President |

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

| age appropriate | | | | Al | PENDIX | | | | | |
|-----------------|---|--|--|--------------------------------------|---|--|---------|--|--------------------------------|--|
| 1 | Intend to non-a investor | 1 to sell accredited is in State | Type of security and aggregate offering price offered in state (Part C-Item 1) | | 4 Type of investor and amount purchased in State (Part C-Item 2) | | | | | |
| State | Yes | No | | Number of Accredited Investors | Amount | Number of Non-Accredited Investors | Amount | Yes | No | |
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| I | Intend to non-a investor | 2 I to sell ccredited s in State -Item 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) | | 4 Type of investor and amount purchased in State (Part C-Item 2) | | | | | |
| State | Yes | No | | Number of Accredited Investors | Accredited Non-Accredited | | | | | |
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| | | | | APP | ENDIX | | | | in John Kapiladan saka | |
|-------|-------------------|--|--|--------------------------------------|--|--|--------|--------|------------------------|--|
| 1 | | 2 | 3 Type of security | | 4 | | | | | |
| | to non-a investor | I to sell ccredited s in State -Item I) | and aggregate offering price offered in state (Part C-Item 1) | | Type of investor and amount purchased in State (Part C-Item 2) | | | | | |
| State | Yes | No | | Number of Accredited Investors | Amount | Number of Non-Accredited Investors | Amount | Yes | No | |
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